



## CITY OF ATLANTA

KASIM REED  
MAYOR

55 TRINITY AVENUE, S.W.  
SUITE 4900, CITY HALL SOUTH  
ATLANTA, GEORGIA 30303-3531  
TEL. (404) 330-6501  
FAX. (404) 658-7085  
Email: [publicworks@atlantaga.gov](mailto:publicworks@atlantaga.gov)

DEPARTMENT OF PUBLIC WORKS  
RICHARD MENDOZA  
Commissioner

DEXTER C. WHITE  
Deputy Commissioner

Dear Applicant:

Along with your Qualified Contractor's application, please provide the following:

- ✓ Copy of your business license
- ✓ Provide a Certificate of Liability Insurance with the \*\*\*\*\*City of Atlanta\*\*\*\*\* as the certificate holder and a \$3,000,000 aggregate (\$1,000,000 per occurrence and \$2,000,000 aggregate).
- ✓ A performance bond is required in the amount of the "value of the proposed work or to restore the public right-of-way to its condition prior to the commencement of work".
- ✓ Save Affidavit with a copy of identification
- ✓ Two (2) copies of a drawing showing dimension of the work area (e.g.) driveway aprons, should show the length, width and depth of the apron and driveway. Plans must be sealed by a professional engineer or architect, or signed off by the City of Atlanta planning review Traffic Engineer.

If you have any questions or concerns, please feel free to contact us at (404) 330-6501.

Sincerely

Department of Public Works  
Office of Transportation



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## QUALIFIED CONTRACTOR PERMIT APPLICATION

Date: \_\_\_\_\_ Business License # \_\_\_\_\_

Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work Location: \_\_\_\_\_

Nature of work: Mark ☒ all that apply

<input type="checkbox"/> Driveway Apron	<input type="checkbox"/> Sidewalk Construction	<input type="checkbox"/> Granite Curb	<input type="checkbox"/> Concrete Curb & Gutter
<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Sidewalk Flume	<input type="checkbox"/> Other (specify) _____

Are Metal Plates going to be used? ☐ YES ☐ NO If yes, How many? \_\_\_\_\_

- 1) A performance bond is required in the amount of the "value of the proposed work or to restore the public right-of-way to its condition prior to the commencement of work"
- 2) Provide a Certificate of Liability Insurance \*\*\* CITY OF ATLANTA\*\*\* must be shown as the certificate holder \*\*\*\*\* Required Insurance is \$1,000,000 per occurrence and 2,000,000 general aggregate\*\*\*\*\*

### Insurance Information

Expiration Date: \_\_\_\_\_ Policy # \_\_\_\_\_

Producer \_\_\_\_\_

Address \_\_\_\_\_

### Internal Use Only

City of Atlanta agency responsible for inspecting this project: \_\_\_\_\_

Received by \_\_\_\_\_ Permitted by \_\_\_\_\_

Inspector \_\_\_\_\_ **Call before you start working!!!!**

Initial Inspection Date: \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Follow up inspection(s) Date: \_\_\_\_\_

Date approved \_\_\_\_\_ Comments \_\_\_\_\_

Signature for approval \_\_\_\_\_ Inspector \_\_\_\_\_



## City of Atlanta

Department of Public Works/Office of Transportation

55 Trinity Avenue SW, Suite 4900

Atlanta, Georgia 30303-3531

Tel: (404) 330-6501 Fax: (404) 658-7085

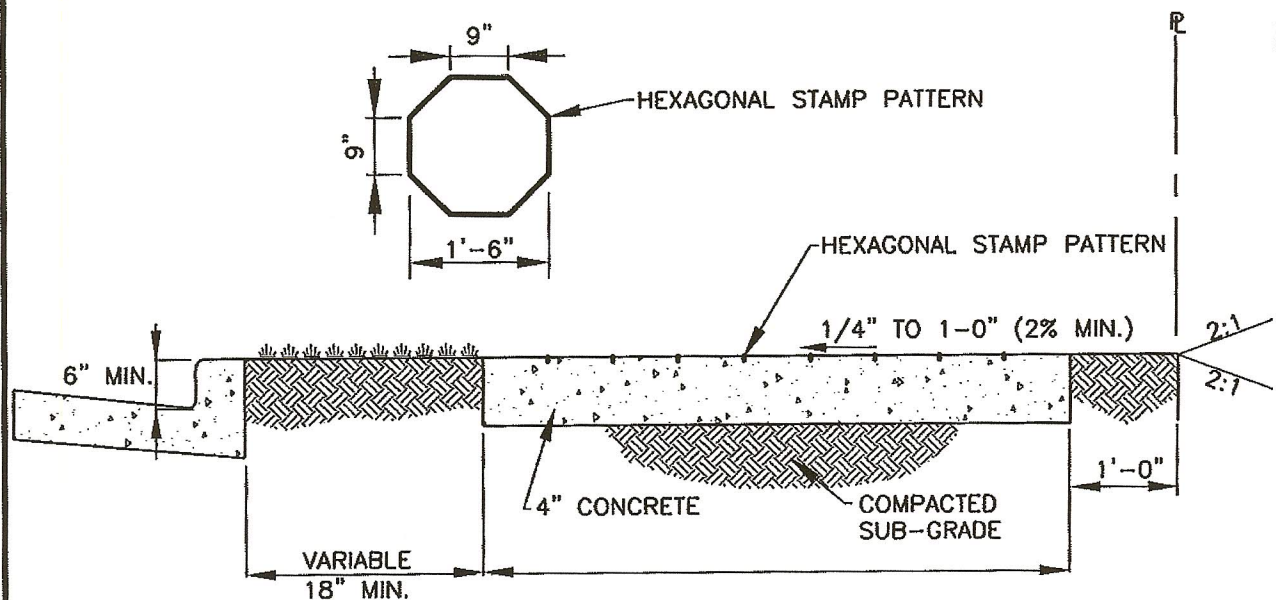
### Lane, Street & Sidewalk Closure Application

Application is for :( Please circle)	Lane Closure	Full Street Closure	Sidewalk Closure
Contact Name: _____	Email Address : _____		
Company and/or organization name: _____			
Mailing Address: _____			
_____			
Office Number _____	Fax Number _____		
Date(s) Work to be performed: From _____ To: _____			
Location of Blockage: _____			
_____			
(e.g., West side of Jackson Street, N.E. between Irwin Street and Auburn Avenue AND street address if possible)			
Number of Lanes _____	Feet Blocked _____	Number of Parking Meters Blocked _____	
Detailed Description of Work: _____			
_____			
Officer for Traffic Control _____		Number _____	

- All permits are for work performed between 9 am until 4 pm. Work from **7 pm until 10 pm** requires the Commissioner's signature.
- Excavations and work in the right-of-way that may cause damage to the City of Atlanta property requires a Qualified Contractor Application/permit from this office.
- Work requested to be performed between 10 pm until 6 am requires a Noise Variance permit.

Show sketch of requested closure including Traffic Control Plan (this may include the sidewalk). You may use the reverse side of the paper for Traffic Control Plan if needed. Traffic Control Plans shall comply with requirements in the Manual on Uniform Traffic Control Devices (MUTCD). Please give specific detour routes (use another sheet.)





**NOTES:**

1. CONCRETE TO BE 3000 P.S.I. MIN.
2. EXPANSION MATERIAL SHALL BE PLACED BETWEEN ALL FIXED OBJECTS (EXCEPT CURB) AND THE NEW CONCRETE SIDEWALK.
3. IF GRASS STRIP IS LESS THAN 18" SIDEWALK SHALL EXTEND TO BACK OF CURB.  
SAMPLE PANEL SHALL BE REQUIRED FOR REVIEW AND APPROVAL
4. PRIOR TO SIDEWALK REPLACEMENT.

THIS DETAIL WAS TAKEN FROM THE CITY OF ATLANTA'S WEBSITE. IT MAY HAVE BEEN MODIFIED AND SHOULD BE REVIEWED THOROUGHLY.

City of Atlanta



**STANDARD DETAILS**

**HEXAGONAL  
TILE SIDEWALK**

REV.

DATE: SEPT 2011

ORIG. DATE: NOV 2004

SCALE: N.T.S.

DETAIL NO. TR-B\_SW005

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) permit  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
City of Atlanta [*name of government entity*], the undersigned applicant  
verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and  
Nationality Act with an alien number issued by the Department of  
Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other  
federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older  
and has provided at least one secure and verifiable document, as required by O.C.G.A.  
§ 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_.

In making the above representation under oath, I understand that any person who  
knowingly and willfully makes a false, fictitious, or fraudulent statement or  
representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and  
face criminal penalties as allowed by such criminal statute.

Executed in Atlanta (city), Georgia (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: